

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90134 005 ***150.00

DOCUMENT # P96000036498

1. Entity Name

BIGFX, INC.

Principal Place of Business

Mailing Address

4503 S CAMERON AVE
 TAMPA FL 33611-2222

4503 S CAMERON AVE
 TAMPA FL 33629-7819

CU011646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3805 W. SAN JUAN ST

3. Mailing Address

3805 W. SAN JUAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629-7819

Country

USA

Zip

33629-7819

Country

USA

4. FEI Number **59-3376911**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURLEY, DAVID
4503 S CAMERON AVE **3805 W. SAN JUAN ST.**
TAMPA FL 33611-2222 **TAMPA, FL 33629-7819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David L. Hurley **DAVID L. HURLEY, PRES** **1/18/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	HURLEY, DAVID	4503 S CAMERON AVE	TAMPA FL 33611-2222	<input type="checkbox"/>
		3805 W. SAN JUAN ST	TAMPA, FL 33629-7819	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ARON D. HURLEY	203 ADELAIDE BOULEVARD	ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Hurley **DAVID L. HURLEY, PRES**

Date

Daytime Phone #

1/18/2000 **813621 7841**